

A Public Health Strategic Plan to Address Opiate Abuse  
and Overdose:

***A Report from the MCPH/MPHA/OSA  
Opiate Abuse and Overdose Project***

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*Prepared by:*

Ann C. Conway, Ph.D.

Maine Center for Public Health  
Maine Public Health Association



## **Executive Summary**

Over the past five years, opiate abuse and overdose, especially of prescription narcotic drugs and heroin have become major public health problems in Maine. The misuse of these prescription and illicit narcotics is evidenced in an exponential increase in overdose fatalities. Substantial increases have been evidenced in treatment admissions, crime rates and drug prosecutions associated with opiates; emergency services ambulance runs as well as admissions; and hepatitis C rates among opiate users.

In the summer of 2002, the Maine Public Health Association (MPHA) initiated a discussion with the Office of Substance Abuse (OSA) on the need to address the epidemic of opiate abuse and the rapid rise in overdose deaths in the state. MPHA was joined by its partner organization, the Maine Center for Public Health, in developing a process to design an action plan for this public health issue.

This report by the Maine Center for Public Health summarizes the process and results of an intensive three-month project, funded by the Office of Substance Abuse, to examine opiate abuse and overdose--and devise solutions to these serious public health problems. The Project was multifaceted. Following preliminary interviews with several key informants, a diverse Task Force was assembled, consisting of health care providers, substance abuse treatment and prevention personnel, public health and law enforcement representatives and others.

Using a literature review on the scope of the problem, recent research on the issue and potential policy interventions, the group discussed current data on opiate use and examined preliminary results from two new Maine-based research studies--one of OxyContin use in Cumberland and Washington counties and the other, on the characteristics of drug related overdose fatalities during the past five years. The remainder of the Task Force meetings centered on causation, prevention and treatment, with the goal of exploring policy options for Maine and the Office of Substance Abuse.

From the components of the Project--interviews, the literature review, Task Force meetings and the data presented by researchers--emerge the following policy recommendations:

### ***Community Awareness and Education***

Policy Recommendation 1: Provide education about the realities of opiate abuse and overdose to the general public and key stakeholders, such as representatives of the media, government, substance abuse, law enforcement, public health and health care communities, opiate users and others, with the focus on eradicating the enormous stigma associated with opiate abuse.



### ***Overdose Prevention Strategies***

Policy Recommendation 2: Support overdose prevention education for users, centering on the dangers of unfamiliar drugs (including methadone, heroin, OxyContin and other prescription opiates), polydrug use and alcohol, overdose signs and peer interventions.

Policy Recommendation 3: Educate the youth population about the dangers of opiates and their enormous addictive potential, as well as their link to overdose. As the supply of cheap heroin and prescription drugs increases, youth education programs that are multifaceted and consistent need to be created and supported. Access to programs should be readily available.

### ***Provider Education and Provider-Related Policies***

Policy Recommendation 4: Provide anti-stigma education to professionals who work with opiate users.

Policy Recommendation 5: Encourage the provision of opiate abuse education in the medical setting and engage physicians in discussions of appropriate pain management guidelines.

### ***Emergency Response***

Policy Recommendation 6: Assure that Naloxone (trade name-Narcan) is available to emergency medical service (EMS) responders statewide.

Policy Recommendation 7: With the input of key stakeholders, such as hospital administrators and emergency department personnel, develop a guidelines on overdose prevention education and follow-up procedures, including a discharge plan, for all people seen in emergency rooms as a result of overdose.

Policy Recommendation 8: Promote the use of 911 among users by working with stakeholders to develop and implement appropriate policies and procedures to be followed in overdose situations. Disseminate information regarding the policies developed.

### ***Methadone-Specific Strategies***

Policy Recommendation 9: Educate the general public about the benefits of methadone and encourage anti-stigma media efforts concerning methadone. Encourage alternative forms of methadone than the liquid form when take-home doses are mandated. Explore the dosage packaging issue and promote packaging, that explicitly shows strength of dosage.



Policy Recommendation 10: Require all dispensing methadone to educate clients on both the benefits and potential dangers of methadone, including its potential involvement in overdose.

Policy Recommendation 11: Participate in work group initiatives now being undertaken (e.g., through Portland Public Health Department), to explore the methadone diversion issue and develop a diversion management protocol.

### ***Monitoring and Investigation***

Policy Recommendation 12: Develop an emergency room monitoring system to gather basic information on overdoses in order to get a better understanding of the nature and extent of the problem. Explore the use of poison control centers as data coordinators for this system.

Policy Recommendation 13: Develop an electronic prescription drug monitoring system to track Schedule II, III and IV controlled substances.

Policy Recommendation 14: Improve stakeholders' ability to assess and evaluate by identifying key questions relating to opiate abuse and overdose data, assessing pertinent data sources, identifying duplication and gaps and developing a plan to address them.

### ***Treatment***

Policy Recommendation 15: Increase access to treatment, including overdose care, pharmacological treatments (such as methadone and newer office-based treatments such as Buprenorphine), detoxification services where appropriate and long-term treatment, such as therapeutic communities. Identify existing barriers and implement actions to improve access to treatment.

### ***Law Enforcement***

Policy Recommendation 16: Increase funding for law enforcement to address the opiate abuse problem, targeting the areas of the state with fewest resources and greatest need.

### ***Research***

Policy Recommendation 17: Assess research needs concerning opiate abuse and overdose and seek diverse funding sources for key needs. Encourage Maine's research community to focus attention on defining and addressing the research needs in the opiate abuse, opiate overdose and treatment areas.



## **I Introduction**

This report summarizes the proceedings and findings of the Maine Center for Public Health/Maine Public Health Association/Office of Substance Abuse Opiate Abuse and Overdose Project. The Project consisted of several components, whose purpose was to recommend specific actions to address this ***urgent public health problem***. Project activities included: assembly of a comprehensive literature review on the subject, with an emphasis on best practices in other areas which have addressed the issue; coordination of a multi-stakeholder Task Force (a list of Task Force members is included as an attachment); key informant interviews; and exploration of policy options. This document, a draft public health strategic plan, is the product of this process. It is hoped that future Project activities may include development of specific steps to carefully implement our key project recommendations.

## **II Background**

### ***Where Are We Now? Opiate Abuse and Overdose in Maine***

The picture of opiate abuse and overdose in Maine is a grim one. A recent study of the issue was conducted by The Margaret Chase Smith Center of the University of Maine in cooperation with the Office of the Chief Medical Examiner. Funded by the Maine Justice Assistance Council and sponsored by the Office of the Chief Medical Examiner, the Office of the Attorney General and the Office of Substance Abuse, the investigation examined drug deaths over the past five years (1997-2002), including accidents and the investigation suicides. Illicit and prescription narcotics in combination with other prescription drugs and alcohol were major factors in the nearly 500% rise in deaths in the five year period, where drug-related deaths rose from 34 in 1997 to a projected 161 in 2002; these figures include a jump from 19 accidental deaths in 1997 to a projected 106 in 2002. This marked rise dovetails with increased overdose deaths in other rural states.

The 2002 numbers used data through June 2002 to project year-end totals (it was noted that, due to the complexity of these cases, numbers can frequently change). While many opiate-related deaths occurred in the more urban settings of southern Maine, they are evident in every area of Maine. They also involved a cross-section of its people; the mean age of overdose's fatal victims was 40; most accidental deaths occurred among men. However, suicides involving drugs were evenly divided among men and women. Those who died of overdose had a variety of medical problems, sometimes including histories of opiate abuse, mental illness, cardiovascular disease, lung disease, obesity or chronic pain.

Most overdose cases involved illegal or prescription opiates in combination with other prescription drugs and/or alcohol. The drugs most frequently implicated in fatal

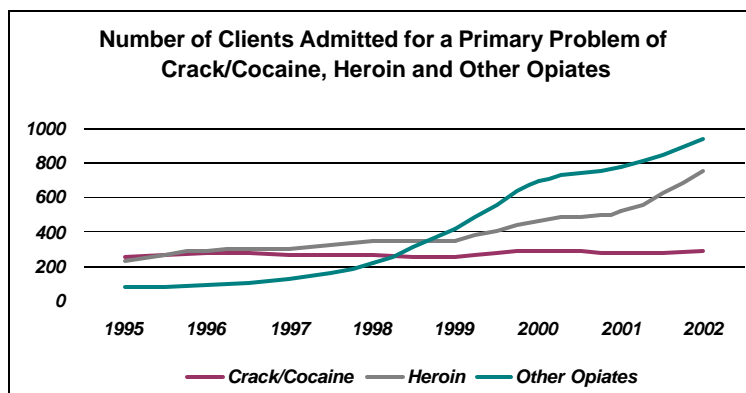


overdose were those prescribed for pain, anxiety and depression. These narcotics included methadone, oxycodone, fentanyl and others. As the report states:

*In 53% of all drug deaths, narcotics are mentioned as a cause of death. Prescription drugs, including methadone, comprise 65% of all the narcotic deaths. Heroin...is mentioned as cause of death in 37% of the narcotic-related deaths. The narcotic drugs are frequently taken in combination with each other and with other prescription medications, such as antidepressant and anti-anxiety medications. Death results from a variety of factors, including self-medication for opiate dependence, "recreational abuse", intentional overdose and unforeseen drug interactions." (Marcella Sorg and Margaret Greenwald, "Maine Drug-Related Mortality Patterns: 1997-2002")*

The grim picture portrayed in the study is borne out by treatment statistics maintained by the Maine Office of Substance Abuse. Treatment admissions continue to grow; according to the latest report from OSA, admissions have increased 3.4% since the last fiscal year. ("2002 Highlights from the Treatment Data System".) Heroin and "other opiates and synthetics" comprise about 15% of admissions, and the number is rising. ("Highlights from the Treatment Data System", Office of Substance Abuse, 2002)

While there have been small increases in admissions for cocaine/crack use, the percentage of those admitted for its use has remained steady for the past several years at 2.4%. However, heroin use has increased statewide from 2.1% in SFY 1995 to 6.4% in SFY 2002. "Other opiates and synthetics" have increased from 0.7% in SFY 1995 to 8.0% in SFY 2002.



Youth admissions have also increased. "Other opiates and synthetics" (excluding heroin) treatment admissions for Maine adolescents increased more than fivefold from 1997-2001. ("Maine Office of Substance Abuse Data Report 2001"). Both incidence and treatment statistics for Maine youth dovetail with national trends, which show rapid increases in the use of prescription and illicit narcotics among youth. (U.S. Substance Abuse and Mental Health Services Administration, National Household Survey Drug Abuse Data, SAMHSA Office of Applied Studies, SAMHSA web site, 2002).



In addition, a review of 2002 data from the Maine Youth Drug and Alcohol Use Survey (MYDAUS) indicated the following statistics regarding lifetime use of opiates among youth in sixth to twelfth grade: *OxyContin*--5.7% statewide use rate; highest among male 11<sup>th</sup> and 12<sup>th</sup> graders, especially in Waldo, Hancock, Somerset and Cumberland counties; *Heroin*, 2.5% statewide use rate; highest among male 11<sup>th</sup> and 12<sup>th</sup> graders, especially in Penobscot, Waldo, Somerset and Lincoln counties; *Other Illegal drugs*, 14.2%, highest

Among male 11<sup>th</sup> and 12<sup>th</sup> graders; especially in Piscataquis, Somerset, Lincoln and Penobscot counties. ("MYDAUS statistics, OSA web site, 2002)

Clearly, we have an urgent problem with opiate abuse and overdose in Maine. Like other public health problems that our state has experienced, this is an issue with complex causation--rural poverty, lack of economic resources and social aspirations--combined with the opportunism of criminal elements that make a profit from the vulnerable of our society. Opiate abuse and overdose have enormous costs to the Maine social fabric: in terms of burdens on our criminal justice, child welfare and health care systems and most important, in terms of wasted lives. Now is the time to address it, before the problem reaches even more epidemic proportions, as we have seen elsewhere.

### ***What the Literature Says***

To explore the question of opiate abuse and overdose, the Project first looked at local and national developments pertaining to the problem. A literature review of opiate abuse and overdose revealed a great deal about the scope and societal cost of opiate abuse and overdose in Maine. Centering on methadone, heroin and OxyContin, but including some data on other prescription opiates, we identified current data on opiate abuse and overdose in Maine and nationally (there are significant gaps and difficulties in obtaining data); we discussed the social and political context of opiate availability and reviewed prior studies and planning efforts regarding opiate abuse. Some observations included:

- ? Heroin abuse is an increasingly alarming problem in Maine, as inexpensive and pure forms of the drug become increasingly available in rural areas. Because of the potency of the drug currently available on the street, it quickly leads users down the path of addiction.
- ? While prescription drug use, especially in rural parts of Maine such as Washington County is very alarming, evidence suggests that some users are switching to heroin because of the greater relative cost of OxyContin and other prescription drugs.
- ? Prescription drug abuse has reached frightening proportions in many rural parts of the state. OxyContin abuse alone has increased enormously since the drug's introduction in 1995. This has led to a marked increase in rural crime in these areas. In Washington County, efforts to create a "therapeutic community" seek to address the issue. Community opposition has delayed implementation of the program.



- ? Prescription drug abuse is not confined to Maine; many rural states have also experienced the problem and have developed a variety of efforts to address it.
- ? Similarly, the methadone diversion issue is frequently mentioned in the literature. Although methadone's many positive effects far outway its abusive potential, its diversion has been problematic in a variety of settings.
- ? Complicating the Maine methadone diversion issue is the fact that the source of the drug is often not known in overdose fatalities. While toxicological studies show that the drug is present, they not show where the diversion took place--whether the drug has been prescribed for pain or has been obtained indirectly from a methadone clinic. This lack of knowledge has serious implications for interdiction and education.

The literature review also included a section on the issue of overdose, focusing upon the causation of overdose and associated death, and how to prevent them. Providing background on opiate overdose is rendered complex by a dearth of U.S.-based research; most significant research has been conducted in the U.K. and Australia. Although some important studies have emerged in recent years, it is difficult to find the kind of broadly-tested "best practice" information on opiate overdose prevention that is readily available for other public health problems. This is a situation sadly reflective of the stigma concerning the issue, a stigma that has effectively insulated the general public from the extent of the tragedy and renders resolution more difficult.

Among opiate users, overdose is often linked to: lack of knowledge of drugs and overdose potential; lack of understanding of polydrug use and effects on overdose; periods of vulnerability in users' lives (e.g., getting out of jail, using after being clean for some time). Fatalities are linked to these factors as well as others, especially being afraid of calling 911, for fear of police involvement and possible arrest. Research also indicates that users are uneducated about the signs of overdose and what to do in the event of an overdose.

A variety of strategies were identified in the literature that could ameliorate the abuse and overdose problems. Some stakeholders recommend the institution of *overdose prevention programs*, which teach users to recognize the signs of overdose and take steps to address them. Other programs call for broad administration of Narcan, the trade name for Naloxone, which is an opiate antagonist. Not all municipalities in Maine automatically treat overdose with the drug, but plans are in place to do so. In some large US cities, addicts have received peer training to administer Narcan to one another.

The states that have experienced an epidemic of prescription drug abuse--often followed by a quick spike in heroin use, with terrible consequences--share many characteristics with Maine. They are rural and have historically had high rates of painkiller prescription. In some states, such as West Virginia and Kentucky, state



government has instituted *prescription-monitoring systems*. These involve pharmacists and physicians and most successfully involve electronic mechanisms to track prescriptions.

Other state strategies have included: improvement of data and monitoring systems; education of law enforcement, public health and substance abuse treatment personnel about opiate abuse; outreach to the public and providers, with the goal of reducing stigma; improved primary care treatment of opiate abusers and overdosers; and enhanced treatment access. Finally, much research points to the failure of drug abuse education; with increasing youth abuse of dangerous opiates, research and implementation of effective, multifaceted youth prevention and treatment programs needs to be a priority.

### ***The Task Force***

The focus of this Task Force was to examine opiate abuse and overdose as an *urgent public health problem*. To this end, we assembled a spectrum of stakeholders to address the issue, including clinicians, treatment and prevention professionals, public health personnel, law enforcement representatives and others. Before we met, several intensive key informant interviews were held with representatives of the medical, public health and methadone treatment communities. The goal was to suggest directions for the Task Force process. Two intensive Task Force meetings were then held. Members were also encouraged to communicate with the coordinator and OSA and MCPH personnel between meetings. The agendas of the meetings centered on: current data concerning opiate abuse and overdose in Maine; causation issues; and possible strategies to address the problems.

Preliminary results from two important new Maine-based research projects were presented at the first Task Force meeting. The first study, an examination conducted by Yale researcher Dr. Robert Heimer, concerned research conducted on OxyContin and other opiate use in Portland; almost 250 users were surveyed in the city, with more to follow in Washington County. In this young study population (mean age=26), heroin was found to be the most preferred drug among illicit opiate users, many of whom used pharmaceutical opiates when heroin was not available. Those users who initiated with illicit opiate use with a pharmaceutical opiate and progressed to heroin were as likely to have initiated with OxyContin as some other pharmaceutical. Further results from the study will yield valuable information on patterns and demographics of use, access to health care, experiences with the criminal justice system and other issues.

Another study, the aforementioned US Dept of Justice-funded investigation of Maine Medical Examiner data by Dr. Sorg of the University of Maine, was more sobering. This effort centered on opiate overdose fatalities of the past five years (1997-2002). Preliminary data was presented which provoked extensive discussion and schooled Task Force members in the extreme complexity of determining cause of death when it comes to opiate abuse and overdose. Data on the frequency of polydrug combinations in



overdoses, the role of prescription drugs and the heavy involvement of narcotic analgesics in overdose and death was presented.

The discussions among Task Force participants and the key informant interviews identify a number of important directions to address the complex issue of opiate abuse and overdose. They included the following topics; all will be addressed in the following "Policy Recommendation" section:

- ? Concern about stigma regarding opiate abuse and users--in society at large and among those who work closely with users.
- ? A need for prevention and education.
- ? Implementation of planned interventions, such as a prescription monitoring system and widening of Narcan administration.
- ? Extensive concern over methadone diversion.
- ? Concern over the rise in youth heroin use.
- ? A need for a monitoring system which tracks and helps overdosers when they encounter key points of contact, as in jails, emergency rooms, treatment centers and other venues.
- ? Lack of information about the individuals who overdose and what happens to them; a congruent lack of understanding about those who fatally overdose.
- ? A need for better access to treatment, especially in rural areas.
- ? Increased education of primary care providers about opiate addiction and greater involvement in prevention and treatment of opiate abuse.

### **III Policy Recommendations from the Project**

The literature review, current research results presented at the meetings, key informant interviews and the input of Task Force members all contributed to the following policy recommendations to address opiate abuse and overdose in Maine:

#### ***Community Awareness and Education***

Policy Recommendation 1: Provide education about the realities of opiate abuse and overdose to the general public and key stakeholders, such as representatives of the media, government, substance abuse, law enforcement, public health and health care communities, opiate users and others, with the focus on eradicating the enormous stigma associated with opiate abuse.

Such education and advocacy should present not only accurate data about opiate abuse and its health, law enforcement and societal effects, but also how to combat it in a respectful and meaningful way. The media in particular need to be aware of the deleterious effects of sensationalizing opiate abuse and the benefits of presenting accurate information to the general public. Policymakers on the local, statewide and



national levels need to be made aware of the scope and urgency of this *public health problem*, and need to work together to address it.

### ***Overdose Prevention Strategies***

Policy Recommendation 2: Support overdose prevention education for users, centering on the dangers of unfamiliar drugs (including methadone, heroin, OxyContin and other prescription opiates), polydrug use and alcohol, overdose signs and peer interventions.

The form of such education should be *community-determined* and provided through outreach in such venues as emergency rooms, treatment centers, jails needle exchange programs, injection drug use/HIV prevention programs and others as appropriate.

Programs need to be delivered in a way that is user friendly and delivered to users "where they live"--at key contact points in the system. While there was considerable discussion about the right nomenclature for such a system, there was agreement among Task Force members that users need to be helped through pragmatic methods that avoid punitive measures. Opiate users should have their voices heard in planning for educational programs.

Policy Recommendation 3: Educate the youth population about the dangers of opiates and their enormous addictive potential, as well as their link to overdose. As the supply of cheap heroin and prescription drugs increases, youth education programs that are multifaceted and consistent need to be created and supported. Access to programs should be readily available.

Although the numbers are still small, evidence suggests that youth admissions to treatment programs are rapidly increasing. Anecdotal evidence also suggests that youth use "on the street" of prescription drugs and heroin is also escalating. The profile is that of a new class of user who may be unaware of the enormous addictive potential of opiates. If Maine wishes to avoid following national trends, prevention and treatment programs for this new group must be put in place as soon as possible. It would be especially helpful to include affected youth in planning and developing innovative interventions.

### ***Provider Education and Provider-Related Policies***

Policy Recommendation 4: Provide anti-stigma education to professionals who work with opiate users.

Substance abuse, health care, law enforcement and corrections personnel all need education and guidelines on providing respectful, user-friendly services to this stigmatized population on the realities of opiate abuse and addiction. More information is needed about organizational and individual processes that create barriers to change or perpetuate stigma. Educational interventions need to be carefully thought out,



include the perceptions of users and be based on an understanding of how stigma is fostered on organizational and individual levels.

Policy Recommendation 5: Encourage the provision of opiate abuse education in the medical setting and engage physicians in discussions of appropriate pain management guidelines.

The primary care office setting can be an excellent setting to provide both opiate abuse prevention and treatment services. Primary care providers, who can monitor their patients, should be encouraged to provide opiate abuse prevention and when appropriate, treatment services.

Health care professionals need further education about opiates and opiate users. Primary care providers, including physicians, should be educated about the signs of opiate abuse and appropriate treatment and if necessary, referral procedures. Physicians who are skilled in pain control standards should participate in this discussion. In addition, health care providers should be trained in interviewing skills and techniques that will increase the potential for patients to enter treatment.

Physicians, who are encouraged to treat pain aggressively in pain management guidelines and sometimes by insurance companies, who favor shorter-term solutions, are often caught "between a rock and a hard place" in discussions of opiate abuse. Physicians should actively participate in the discussion of opiates' addictive potential and control.

### ***Emergency Response***

Because overdose and associated morbidity and mortality are so closely allied to the quality of emergency response, we spent much time in our Task Force discussions on the issue. The following recommendations emerge from the process:

Policy Recommendation 6: Assure that Naloxone (trade name-Narcan) is available to available to emergency medical service (EMS) responders statewide.

Naloxone is an effective opiate antagonist that is commonly given to reverse the effects of overdose. In Maine, its administration has been complicated, especially in rural areas, by the fact that only certain types of emergency medical service personnel have been allowed to dispense it. Maine EMS is currently able to deliver personnel capable of administering naloxone in approximately 86% of EMS calls and plans are underway to increase the figure to 100%. These should be supported, as this has been shown to be an essential treatment as the overdose rate increases.

Policy Recommendation 7: With the input of key stakeholders, such as hospital administrators and emergency department personnel, develop a guidelines on overdose



prevention education and follow-up procedures, including a discharge plan, for all people seen in emergency rooms as a result of overdose.

Emergency department personnel on the Task Force frequently remarked on the lack of education and follow-up dispensed to overdosers. While physicians and others would like to provide such services, confidentiality issues severely limit their ability to do so. This is complicated by the fact that there is no monitoring system of overdosers, as there is for victims of infectious disease. Because the overdose issue is hard to solve without such identification, developing such a monitoring system--and appropriate links to follow-up--was a key Task Force interest.

Policy Recommendation 8: Promote the use of 911 among users by working with stakeholders to develop and implement appropriate policies and procedures to be followed in overdose situations. Disseminate information regarding the policies developed.

There is little research on procedures for responding to overdose emergency calls in Maine; anecdotal evidence suggests that they vary from community to community. Research on the issue would glean valuable information on what keeps individuals in overdose situation from using this service. It is possible that those working on improved policies in Maine could use "best practice" information from other states and countries that have worked to enhance 911 use. This could then be adopted to develop community-specific strategies.

### ***Methadone-Specific Strategies***

Policy Recommendation 9: Educate the general public about the benefits of methadone and encourage anti-stigma media efforts concerning methadone. Encourage alternative forms of methadone than the liquid form when take-home doses are mandated. Explore the dosage packaging issue and promote packaging, which explicitly shows strength of the dose.

There was extensive discussion of diversion of take-home methadone doses. While liquid methadone is not a factor in all deaths associated with the drug, there was general support for OSA's efforts to explore alternative forms (e.g., wafers) of take-home doses from the clinics. There was also some discussion of packaging; it was the opinion of some Task Force members that packaging did not clarify dosage strength, which might cause overdose by an uninformed user. The issue should be further explored.

Policy Recommendation 10: Require all dispensing methadone to educate clients on both the benefits and potential dangers of methadone, including its potential involvement in overdose.



Clearly, given the close link of fatalities with methadone, overdose prevention is greatly needed in the methadone-using population. Diversion is a serious issue here, as most of the deaths were not those of clinic patients. Users need to understand the potency and harmful potential of methadone, including its delayed effect on the user. There is also a need to debunk myths associated with methadone use.

Policy Recommendation 11: Participate in work group initiatives now being undertaken (e.g., through Portland Public Health Department), to explore the methadone diversion issue and develop a diversion management protocol.

### ***Monitoring and Investigation***

Policy Recommendation 12: Develop an emergency room monitoring system to gather basic information on overdoses in order to get a better understanding of the nature and extent of the problem. Explore the use of poison control centers as data coordinators for this system.

There was significant discussion about this strategy among Task Force members. It was noted that we do not know enough about overdosers and that the absence of identifying information makes the charge of making recommendations very complex. Much de-identified information is needed about overdosers. This includes information on demographics, kind of substances used/overdosed on, number of overdoses, cost, time of year, psych overlay; additional decisions need to be made regarding what kind of study would best deliver this information. One Task Force member suggested that several of the largest hospitals in Maine--those with catchment areas that include significant numbers of opiate users--could be asked to participate in a pilot monitoring system, possibly connected to a poison control center, which could provide data-related services.

Confidentiality issues color the creation of such a system. One Task Force member noted that the escalating rate of opiate abuse and overdose marks the issue as a *public health emergency*. Therefore, the possibility of a monitoring system should be explored with the Director of the Bureau of Health. Other Task Force members suggested that emergency departments link with the aforementioned poison control centers, which have less stringent confidentiality requirements. Thus, a patient link to follow-up services could also be provided. Both avenues should be explored in future activities.

Policy Recommendation 13: Develop an electronic prescription drug monitoring system to track Schedule II, III and IV controlled substances.

Efforts to create a prescription monitoring system in Maine have been spearheaded by the Office of the Attorney General. The proposed system would be electronic and feature mandatory participation by pharmacists, voluntary by physicians. Such a system would be similar to successful efforts in other states. The Office of the Attorney General should be supported in its efforts.



Policy Recommendation 14: Improve stakeholders' ability to assess and evaluate by identifying key questions relating to opiate abuse and overdose data, assessing pertinent data sources, identifying duplication and gaps and developing a plan to address them.

Currently, data concerning opiate abuse and overdose--as well as associated morbidity and mortality--is collected by many sources, which often do not communicate with one another. Antiquated computer systems, duplication, confidentiality laws, "turf" issues and fear of media sensationalism all render the task of obtaining accurate, timely and understandable data very complex. A "data inventory" similar to that conducted by the Maine Healthcare Data Forum would help begin to address these concerns. In that initiative, data needs were assessed, resources and gaps were identified and plans were made to address present and future needs.

### ***Treatment***

Policy Recommendation 15: Increase access to treatment, including overdose care, pharmacological treatments (such as methadone and newer office-based treatments such as Buprenorphine), detoxification services where appropriate and long-term treatment, such as therapeutic communities. Identify existing barriers and implement actions to improve access to treatment.

Such treatment is particularly needed in rural areas. As mentioned, treatment needs to be delivered in a respectful and "user-friendly" fashion. In addition, communities need to be educated about the realities of opiate abuse and treatment, with the goal to decrease community opposition to treatment.

### ***Law Enforcement***

Policy recommendation 16: Increase funding for law enforcement to address the opiate abuse problem, targeting the areas of the state with fewest resources and greatest need.

Because this effort centered on *opiate abuse and overdose as a public health issue*, there was not extensive discussion of law enforcement issues concerning opiate abuse. However, it should be noted that law enforcement efforts face a crisis in their inability to respond to increased trafficking in heroin, diversion of prescription opiates and other illicit drugs. The Maine Drug Enforcement Agency, a statewide drug task force, is staffed at half the level it was in 1992.

### ***Research***

Policy Recommendation 17: Assess research needs concerning opiate abuse and overdose and seek diverse funding sources for key needs. Encourage Maine's research



community to focus attention on defining and addressing the research needs in the opiate abuse, opiate overdose and treatment areas.

According to the Task Force discussions, these could include: retrospective studies of opiate users who fatally overdose, profiles of users of specific drugs; characteristics of those who overdose and those who overdose fatally; attitudes and policies of substance abuse treatment professionals, law enforcement and emergency response personnel pertaining to opiate abusers and overdosers; development of streamlined data systems concerning opiate abuse and overdose; studies of methadone diversion and other topics.

#### **IV Next Steps**

In the three months of this Project, much has been accomplished. But a complete strategic planning process remains to be implemented. This process would include:

- ? Identification of indicators to be used to track progress or lack thereof relating to this problem.
- ? Identification of indicators to be used to track progress related to the strategies adopted.
- ? Identification of goals and measurable objectives related to the overall problem of overdose deaths and strategies identified to address it.
- ? *Action Planning*--determination of persons and organizations responsible for completing the tasks identified within the strategic plan, within specific timelines.

#### **V Summary and Conclusions**

The enthusiastic participation of the Task Force members in this Project reflects the importance of quickly addressing the issue of opiate abuse and overdose. The recent study of Medical Examiner data underscores this urgency. The Task Force participants and Project staff believe that by implementing the coordinated recommendations outlined above--in the realms of community awareness, overdose prevention targeted to users, provider education, emergency response, monitoring and research, treatment services and law enforcement--Maine could substantially reduce its rates of opiate abuse and overdose and the terrible human cost they symbolize.



## ATTACHMENT A

## MCPH/OSA Opiate Abuse and Overdose Task Force Members

<u>Name</u>	<u>Organization</u>
Mary H. Becker, MD	Department of Emergency Medicine Maine Medical Center
Ruth Blauer	Maine Association of Substance Abuse Providers
Jay Bradshaw	State of Maine Emergency Medical Services
John Burton, MD	Maine Medical Center
James Cameron	State Attorney General's Office
Paul Campbell, MPA,ScD	Maine Center for Public Health
Ed David, JD, MD	Maine Board of Licensure in Medicine
Nancy O. Green, CNM	
Robert Heimer, PhD	Department of Epidemiology and Public Health Yale School of Medicine
Sandra Hobbs	Maine Association of Substance Abuse Providers
Robert Howe	Maine County Commissioners Howe & Company
Kimberly Johnson	Office of Substance Abuse
Tim Kittredge	Maine Primary Care Association
Jo E. Linder, MD	City of Portland
Anna Maschino	Maine Medical Association
Roy E. McKinney	Maine Drug Enforcement Agency Public Safety
Ed Miller	American Lung Assn of Maine, Maine Public Health Association
Kellie Miller	Maine Osteopathic Association
Dora Anne Mills,MD,MPH	Bureau of Health
Nate Nickerson	Portland Public Health, Maine Center for Public Health
Joe Pye, MD	Discovery House
Roger Richards	Dept of Education
Patti Robinson	Bureau of Health
Bethany Sanborn	Bureau of Health Division of Disease Control
Marcella Sorg, RN,PhD	Margaret Chase Smith Center for Public Policy University of Maine
Bob Woods	Bureau of Health Division of Disease Control

**CONFIDENTIAL KEY INFORMANT INTERVIEWS** were conducted with a representative of the public health community who had exposure to opiate abuse in his work; a representative of a national association of methadone treatment providers; and a physician who had extensive knowledge of opiate overdose issues.